

Balance Physical Therapy



WELCOME TO DELTA VALLEY HEALTH CLUB

Name: _____ Date: _____ D.O.B _____
Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Phone (Cell): _____
E-mail: _____ Phone (eve.) _____

~~What results do you want to achieve? (Check all that apply)~~

~~_____ Lose weight _____ Tone _____ Build~~

~~Waiver of Claims and Release of Liability~~

I understand that fitness activities, especially strength and aerobic training, can lead to serious physical injuries. I acknowledge and agree that I am solely responsible for my safe and responsible use of the Delta Valley Athletic Club facilities, whether or not supervised by a Delta Valley Athletic Club representative. In consideration for use of the Delta Valley Athletic Club facilities, I hereby expressly assume the risk that I may suffer injury as a result of my use of the Delta Valley Athletic Club facilities or equipment or participation in Delta Valley Athletic Club activities. I agree for myself on behalf of my guests, heirs, representatives, successors and assigns ("User Parties") that Delta Valley Athletic Club, including its owners, partners, members, directors, officers, employees and agents ("Delta Valley Athletic Club Parties") will not be liable for any damages or injuries I or User Parties may suffer in or about Delta Valley Athletic Club. I agree for myself and on behalf of User Parties that none of us will make any claim against, sue or attach the property of any Delta Valley Athletic Club Party or affiliate thereof, whether such claims arise from the negligence of the Delta Valley Athletic Club Parties or otherwise, to the fullest extent permitted by law, and that each of us will hold harmless all such Delta Valley Athletic Club Parties for any such claims. I also agree that Delta Valley Athletic Club will not be liable for any loss, theft or damage to my personal property in or about Delta Valley Athletic Club, including any personal property kept in a locker at the Delta Valley Athletic Club facilities. If any portion of this Waiver of Claims and Release of Liability is held invalid, the remainder shall continue in full legal force and effect.

Agreed to:

Signature: _____ Date: _____